## CITY OF WASHINGTON, MISSOURI

Department of Planning and Engineering Services 405 Jefferson Street • Washington, Missouri 63090 636.390.1010 phone • 636.239.4649 fax

## **BOUNDARY ADJUSTMENT APPLICATION**

	Date:
Site Address:	
Applicant Information:	
Name	Phone
Address	
Do you own the subject property? □	Yes □ No
If not, please provide ownership informa	ation here:
Name	Phone
Address	
Name of Subdivision	
Number of Existing Lots:	Number of Proposed lots:
Zoning District(s)	
Fee: \$75.00 (Check made payable to the C	City of Washington)
Two copies of the record plat must	accompany this request.
APPLICANT'S SIGNATURE:	APPLICANT/COMPANY NAME (Printed):
LANDOWNER SIGNATURE(s):	LANDOWNER NAME (Printed):
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